


**NEW PROGRAM SUPPLEMENT TO NOTIFICATION OF INTENT TO
OFFER STATE REIMBURSABLE ADULT EDUCATION PROGRAMS**

School Corporation: _____

Person Responsible for Program Administration: _____

Date Submitted: _____

1. Location of Services:

 County: _____

 Site(s)—Town and Building: _____

 Other School Corporations, if any: _____

2. Are there other adult education service providers in the area?

 Yes ☐ No ☐ (See provider lists)

 Have you consulted the other provider about your needs? Yes ☐ No ☐

 Why is another program/provider of services needed? Explain.

3. How many eligible adult students do you expect to serve? _____

 Basis for estimate: _____

4. Do you plan to target your services to certain groups or levels, e.g.: Literacy, GED, ESL, High School Credit, Welfare, or WorkOne. List groups/levels.

5. Number of classes (units of instruction) to be offered: _____

Schedule (e.g., two evenings/week, two hours/evening) _____

6. Reimbursable costs – instruction (teachers): _____



Administrative/Support (max 15% of teacher cost): _____



Non-reimbursable costs (local share): _____



Total cost of program: _____

7. Are you currently providing this or a similar program with local or other resources?

Yes ☐ No ☐



If yes, explain and give funding level now provided: _____

8. Administrative time to be devoted to program:



Director/Coordinator: _____ hours/week



Clerical/Fiscal: _____ hours/week



Source of administrative support: _____